

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines

12FE4M5

American Society of Health System Pharmacist - PAC

ADDRESS (number and street)

7272 Wisconsin Avenue

☐(Check if address
is changed)

Bethesda

MD

20814

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☒(Check if address
is changed)

gad@ashp.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐(Check if address
is changed)

2. DATE

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 9

3. FEC IDENTIFICATION NUMBER

C C00245530

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Paul W. Abramowitz

Signature of Treasurer

Electronically Filed by

Paul W. Abramowitz

Date

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 9

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2009)